

DIAGNOSTIC IMAGING REQUISITION

Phone (925) 435-1105 • Fax (925) 677-5011
400 Taylor Blvd., Ste 105 • Pleasant Hill, CA 94523

Date:

PATIENT INFORMATION			
Name	DOB	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Primary Phone	Secondary Phone	SSN	Weight
Insurance(s)	Auth Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No Authorization#		Date scan needed by

EXAM			
<input type="checkbox"/> PET/CT Standard (78815- skull-base to mid-thigh, F-18 FDG)			
<input type="checkbox"/> PET/CT Whole Body (78816- vertex to feet, F-18 FDG)			
<input type="checkbox"/> Sodium Fluoride (NaF) PET Bone Scan Whole Body (covered for Medicare & Medicare Managed Plans through National Oncologic PET Registry)			
<input type="checkbox"/> Axumin (Fluciclovine F-18) PET			
<input type="checkbox"/> Dotatate (Gallium GA-68) PET/CT			
<input type="checkbox"/> CT (Area Requested): _____		<input type="checkbox"/> With Contrast*	<input type="checkbox"/> Without Contrast
<i>(i.e. chest, abdomen, extremities, etc.)</i>			
<input type="checkbox"/> CT Urogram			
<input type="checkbox"/> MRI <input type="checkbox"/> MRA		Body Part (R L): _____	
<i>(i.e. brain, T/L/C-spine, knee etc.)</i>			
<input type="checkbox"/> With Contrast*		<input type="checkbox"/> Without Contrast	

***If contrast exam and patient is 60+ years, please attach recent BUN and Creatinine results**

CLINICAL INFORMATION	
Diagnosis	ICD-10 Code
Pertinent Clinical History/Purpose of Exam	
<input type="checkbox"/> Compare to prior exam	
Exam Type:	Date:
Location:	
Diabetic <input type="checkbox"/> Yes <input type="checkbox"/> No In Skilled Nursing Facility <input type="checkbox"/> Yes <input type="checkbox"/> No Ambulatory <input type="checkbox"/> Yes <input type="checkbox"/> No Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Please attach copies of insurance card(s) and all prior reports for supporting documentation
(i.e. recent progress note, prior imaging, pathology).**

REFERRING PHYSICIAN INFORMATION			
Name	U-PIN	NPI	Signature X
Office Number	Fax Number		Submitted by
CC <input type="checkbox"/> Report <input type="checkbox"/> CD to			

EXAM INSTRUCTIONS

PET/CT:

- **Drink water only.** No food (including gum or mints) or other liquids 6 hours prior to the appointment.
- **Follow Hydration Protocol** (below).
- Wear comfortable clothing without metal zippers or clasps.
- No vigorous exercise 24 hours prior to your scan.
- Allow 1 ½ - 2 hours for the total exam process.
- If you are an *Insulin-dependent diabetic*: The sensitivity of this test is affected when your glucose levels are over 200. If needed insulin can be taken no less than 2 hours before the exam.
- No reading or talking is allowed while in uptake, however, listening to music or books on your own audio device is permitted.

PET Bone Scan / Dotatate PET :

- No fasting required.
- **Follow Hydration Protocol** (below).
- Wear comfortable clothing without metal zippers or clasps.

Axumin PET:

- Fasting for 4 hours before your exam.
- **Follow Hydration Protocol** (below).
- You are allowed to void your bladder until 30 minutes prior to the exam.
- Wear comfortable clothing without metal clasps or zippers.

CT Scan:

If you are having a CT scan of the Head, Neck, and/or Chest WITHOUT IV contrast, there are no special instructions.

All other CT scans and combinations WITH and/or WITHOUT IV contrast, are instructed to do the following:

- Fasting is required 6 hours before your exam.
- **Follow Hydration Protocol** (below).

MRI/MRA:

- Avoid large meals 2 hours prior to exam.
- Wear comfortable clothing without metal clasps or zippers.
- No implantable electronic metal devices (*i.e.*; cochlear ear implant, pacemaker, tens unit, hearing aids, etc.).

If there is a possibility of pregnancy, please inform our staff prior to your appointment.

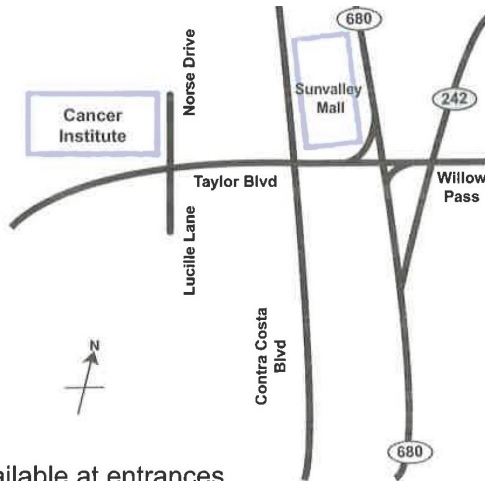
HYDRATION PROTOCOL

Beginning 3 hours before your scheduled exam time, drink 1 glass of water every hour, for a total of 3 glasses.

For example: A 12:00 appointment would require one glass of water at 9:00, 10:00 and 11:00.

Voiding is allowed, a full bladder is not necessary.

DRIVING DIRECTIONS



available at entrances

The Imaging Center is located on the first floor of the California Cancer and Research Institute.

Driving North on I-680:

Take the Willow Pass Road Exit, turn left onto Willow Pass Road. Willow Pass Road turns into Taylor Blvd., proceed 0.7 miles. The Center is located on the right side at 400 Taylor Blvd., Suite 105 (Corner of Norse Drive and Taylor Blvd.).

Driving South on I-680:

Take the Willow Pass Road Exit, turn right at Sunvalley Blvd/Willow Pass Rd. Willow Pass Road turns into Taylor Blvd., proceed 0.7 miles. The Center is located on the right side at 400 Taylor Blvd., Suite 105 (Corner of Norse Drive and Taylor Blvd.).

Driving East on Highway 24:

Highway 24 East toward Walnut Creek. Take the Pleasant Hill Road North Exit, go 1.9 miles. Veer onto Taylor Blvd, go 3.6 miles. The Center is located on the left side at 400 Taylor Blvd., Suite 105 (Corner of Norse Drive and Taylor Blvd.).

FACILITY INFORMATION

- Medicare and PPO insurance accepted.
- Imaging staff will obtain prior authorization and verify coverage amount for patients.
- Ample and convenient parking with patient drive-thru/drop off area.
- Wheelchairs available for use at both front and rear entrances.

- Reports faxed to referring physician within 12-24 hours.
- 1.5T short bore MRI, allowing more comfort to claustrophobic patients. Our staff is understanding to those patients, and will allow extra time to fully explain the procedure, prioritize comfort, and make necessary adjustments to allow a patient to complete their exam.

California Care Imaging Center
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